Montana Medicaid Claim Jumper

How will you Submit Claims after October 16, 2003?

As the implementation date for HIPAA-compliant electronic claims submission draws closer, providers need to analyze their current method of submitting claims in order to ensure HIPAA compliance.

Beginning October 16, 2003, providers will have only four ways to submit claims to ACS:

- *Electronically, in X12 837 format.* Providers can send claims to the ACS clearinghouse (ACS EDI Gateway) in X12 837 format using a dial-up connection. Electronic submitters will be required to certify their 837 transactions as HIPAA-compliant before sending their transactions through the ACS clearinghouse. EDIFECS will be certifying the 837 HIPAA transactions at no cost to the provider.
- *Electronically, through a clearinghouse.* Providers can contract with a clearinghouse so that the provider can send the claim to the clearinghouse in whatever format the clearinghouse accepts. The provider's clearinghouse would then send the claim to the ACS clearinghouse in the X12 837 format. The provider's clearinghouse will also need to have their 837 transactions certified through EDIFECS before submitting claims to the ACS clearinghouse.
- *Electronically, through ACS field software (WINASAP2003).* ACS will make available this free software, which providers can use to create and submit claims to Montana Medicaid, MHSP, and CHIP (dental and eyeglasses only). It will not support submissions to Medicare or other payers. WINASAP2003 will replace the current ACE$ package. This software will create an 837 transaction, but will not accept an 835 transaction back from the Department.
- *On paper.* Providers may continue to submit claims on paper to ACS using existing forms (i.e., UB-92, CMS-1500, ADA, MA-3 nursing facility claims, MA-5 pharmacy claim, universal pharmacy claim).

Please reference the following websites for more information:

- ASC EDI Gateway Services website for Montana: *www.acs-gcro.com/Medicaid_Accounts/Montana/montana.htm.* This website will provide companion guides, electronic submitter enrollment forms and specific information about working with the ACS EDI Gateway clearinghouse to submit HIPAA-compliant transactions.
- The Department's provider relations website: *www.mtmedicaid.org*. This website offers a HIPAA Fact Sheet that entails how DPHHS and its claims processing contractor, ACS Inc., intend to meet the federal HIPAA requirements on electronic transactions and codesets.

Between September 1 and October 16, 2003, claims can be submitted either in NSF format or HIPAA-compliant transactions. The following projected time frames for implementation of the Department's project on HIPAA codesets and transactions should be of importance to providers:

- Accept X12 837 professional, institutional and dental claims—September 1, 2003
- Send X12 835 remittance advice transactions—September 1, 2003.
- Make WINASAP2003 field software available to providers—August 2003.

Reimbursement Changes for Interactive Psychotherapy

Effective June 1, 2003, Medicaid will no longer reimburse the interactive psychotherapy codes (90810, 98012, 90823, 90826) for persons over 12 years of age. Interactive psychotherapy involves the use of physical aids and non-verbal communication to overcome barriers to therapeutic interaction between the clinician and a patient who has not yet developed, or has lost, either the expressive language communication skills to explain his/her symptoms and response

to treatment, or the receptive communication skills to understand the clinician if he/she were to use ordinary adult language for communication. (CPT Manual, 2003)

Interactive psychotherapy codes should be used when the primary mode of communication between therapist and client is through the use of play materials or other non-verbal media. To request exemptions for older clients, please call Deb Sanchez, Mental Health Services Bureau Program Manager at 406-444-2706.

Rate and Payment Reductions and Optional Services

The Department proposes to remove the 2% rate reduction for primary care services. In addition, the 2.6% rate reduction that was implemented July 1, 2002, and the 7% net payment reduction implemented January 10, 2003, will expire June 30, 2003. Essentially, reimbursement levels for these services will be restored to the levels prevailing at December 31, 2001, before the first 2.6% net payment reductions went into effect.

For inpatient hospital services, the 2.6% rate reduction effective July 1, 2002, and 5% inpatient DRG rate reduction effective February 1, 2003, and the 7% net payment reduction will expire June 30, 2003. However, the legislature imposed a 2% reduction in the legislative budget for hospital services that will be enacted with proposed rules effective August 1, 2003.

In addition, please note optional services for Audiology, Eyeglasses, Optometric, Hearing Aids, Dental/Denturist, and DME O&P will be reinstated July 1, 2003. These optional services were cut only for the remainder of State Fiscal year 2003 (February1- June 30, 2003).

Personal Care Services Change

School-based providers may now bill for personal care services as long as these services are written into the Individualized Education Plan (IEP). Schools are required to obtain the approval of the primary care provider/PASSPORT provider. Therefore, providers may begin to receive requests for approval from the schools, possibly in the form of a personal care paraprofessional profile. This document will indicate the child's name, the activities of daily living to be provided and time to be spent on these activities per day.

Publications Reminder

It is the providers' responsibility to be familiar with the Medicaid manuals, fee schedules, and notices for their provider type, as well as other information published in the *Claim Jumper* and on the website.

Alternative Addresses for PHI

Under HIPAA regulations, a patient has the right to request that Private Health Information be sent to an alternative location to protect the health or safety of the individual.

Medicaid clients may make a request for an alternative address at their local County Office of Public Assistance or with their health care provider. The client must complete a HIPAA Form indicating the alternative address. The OPA office or the provider office will then fax the form to the attention "HIPAA Client Address Change" at ACS Provider Relations at 406-442-4402. Provider Relations will then update the client's file to prevent EOMB information from being mailed to that individual. If the client is to receive a TPL Trauma Questionnaire, ACS TPL Unit will mail the questionnaire to the alternate address indicated on the HIPAA Form.

OPA offices and Medicaid providers may access the HIPAA Form on the Provider Information Website under forms.

Billing for a Bilateral Procedure

When billing with modifier 50 for bilateral services, put all information on one line with one unit. You do not need to use modifiers for left and right, and do not bill on separate lines. For example, a bilateral carpal tunnel surgery would be billed like this:

24. A						B	C	D	E	F	G	H	I	J	K
DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	DIAGNOSIS CODE	$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	EMG	COB	RESERVED FOR LOCAL USE
08	23	02	08	23	02	22	0	64721	50	1	800 00	1				

Outpatient Hospital Q & A

Q. Can you clarify what is currently paid for in the emergency room?

A. The lowest emergency room level reimbursement fee pays $20.60 per emergency room visit plus reimbursement for lab, imaging and other diagnostic services for the purpose of evaluating and stabilizing the patient. The fee is a bundled payment including, but not limited to nursing, pharmacy, supplies and equipment and other outpatient hospital services. The physician services are separately billable.

Q. The patient comes into the ER with a cough; I do CBC (complete blood count), CXR (chest xray), exam to decide if pneumonia etc. and tests come back normal. I prescribe cough syrup - OTC / or prescription with codeine for the cough. What is paid for? Is the cough syrup paid for?

A. The ER screening fee is paid. If you write a prescription, the prescription will be paid minus cost sharing, if applicable, only if the hospital has a retail pharmacy. If you give take home medication, it is bundled into the ER reimbursement level payment. Prescribed codeine cough preparations are a covered benefit. OTC cough and cold preparations are not, the only OTC medications covered by MT Medicaid are prescribed aspirin, insulin, laxatives, antacids, head lice treatment, H2 antagonist GI products and bronchosaline.

Q. A child comes into the ER and has been neglected with a bad diaper rash. Can treatment and medication be given and paid for?

A. The ER visit will always be paid for if medically necessary even at the lowest reimbursement level. If you write a prescription, the prescription will be paid so long as it meets the pharmacy standards described in the Department's pharmacy manual rules. If you give take home medication, it is bundled into the ER reimbursement level payment.

Q. Our hospital has received a "provider-based" designation from Medicare, which includes clinics owned by us but not located on campus. Do we need to get a new provider number or bill differently?

A. You will not need a new provider number. Hospitals that wish to have clinics paid as hospital-based providers must send a copy of the Medicare letter granting provider-based status to the Department's hospital program officer at: Department of Public Health and Human Services; Hospital Program Officer; P. O. Box 202951; Helena, MT 59620-2951. You must have Department approval before billing as a provider-based clinic.

When Medicaid pays a hospital for outpatient clinic services, the separate claim for the physician's services must show the hospital as the place of service (i.e., place of service =22 for hospital outpatient). This place of service code will result in lower payment to the physician, thus minimizing what would otherwise be double the payment for Medicaid office expenses. For imaging and services that have both technical and professional components, physicians providing services in hospitals must also take care to bill only for the professional component if the hospital will bill Medicaid for the technical component.

Dental Update on Surface Code P

Beginning October 16, 2003 dental providers should not bill with a surface code P. This surface code will no longer be valid as it is not a HIPAA compliant surface.

Documentation Changes for Hearing Aid Services

Effective July 1, 2003, new documentation will be required for requesing hearing aid(s).

Hearing Aid Dispensers will be required to submit the revised Prior Authorization Request Form for all hearing aid requests. This revised form must be completed and signed by the provider who will dispense the hearing aid(s) if approved by the Department or its designee.

As an additional required attachment, Hearing Aid Dispensers must include the new Certificate of Medical Necessity (CMN) with the prior authorization request form. The CMN must be completed and signed by the Audiologist who performed the required audiological evaluation of the patient.

The new/revised forms are available for downloading from the Provider Information website *www.mtmedicaid.org*.

ACS EDI Gateway, Inc.

The Montana Department of Public Health and Human Services (DPHHS) would like to take this opportunity to introduce you to ACS EDI Gateway, Inc. All electronic claims submission will be made thru ACS EDI Gateway. ACS State Healthcare, Fiscal Agent Services (FAS) will continue to provide all services except for electronic claims submission support. ACS EDI Gateway, Inc. looks forward to the business relationship with Montana DPHHS, ACS State Healthcare (FAS) and the submitter community.

Provider and Billing Agents using the ACE$ Software

Providers or Billing Agents currently submitting claims electronically using the current field software, ACE$, will be required to transition to the new field software, WINASAP2003. Montana DPHHS has selected this new field software to meet the HIPAA requirements. ACS EDI Gateway will support the WINASAP2003 software and answer all questions regarding electronic claims submission. Please continue to use the current field software, ACE$, until further notice. Training on the new software product, WINASAP2003, will be available to the Montana DPHHS provider community to ensure a smooth transition. (See registration form for training dates and locations.)

Software Developers, Testing and EDIFECS

Vendors, Billing Agents, Clearinghouses, and providers who have created their own electronic claims submission software are required to engage in testing with ACS EDI Gateway. Software developers will utilize Companion Guides in conjunction with the national ANSI ASC X12N Implementation Guides. These guides will be used to code their applications to meet Montana DPHHS data receipt requirements. Those submitters who have created their own software will be using EDIFECS to validate their transactions. Submitters will obtain access from ACS EDI Gateway to the EDIFECS website in order to submit X12N test files for analysis. Each test file is analyzed based on the seven levels of testing defined by WEDI SNIP. At this time, the submitter is required to address any errors discovered by EDIFECS during the compliance analysis prior to moving on to the next stage of testing with the ACS EDI Gateway.

The ACS EDI Gateway Business Analyst schedules a communications test with the submitter once EDIFECS verifies that each submitted test file meets the compliance standards for X12N transactions. The ACS EDI Gateway Business Analyst works with the submitter to verify connectivity with both the clearinghouse and the Host Data Exchange. Following successful completion of the communications test, a testing schedule is established for each submitter. Once the submitter has completed testing successfully, they are moved into production.

Montana's Medicaid Hard Card

In Montana, Medicaid eligible clients receive a paper Medicaid card in the mail every month. Producing and mailing over 50,000 of these cards each month is expensive. In an effort to contain costs and improve customer service, Montana Medicaid will be converting to plastic identification cards beginning August 2003.

Each eligible client will receive a card, rather than one card per family. The *Montana Access to Health* card will have a magnetic stripe on the back for use in Point of Sale (POS) devices just like a credit card. The *Montana Access to Health* card will include the client's name, their date of birth, and a unique card control number. It will not contain eligibility dates since the client will keep this card throughout any changes in eligibility status.

Since eligibility information will not appear on the *Montana Access to Health* card, it will be necessary for providers to verify eligibility before providing services. Providers can use MEPS, AVRS or FAXBACK to verify eligibility. The response from these systems is automated and the services are free to the providers. Providers also have the option to contract with Medifax EDI for eligibility verification services. Medifax offers options to verify eligibility by swiping the card through a POS device, looking up eligibility through the Internet, or through software installed in the providers' computers and connect to the vendor's systems. Often, these services offer additional benefits such as linking to a claim entry and allowing batch processing.

From a query into any of the Eligibility Verification Services, the provider will learn if the client is eligible for Medicaid on the requested date of service; who the client's PASSPORT provider is (if enrolled in Managed Care); if the client has other insurance coverage (TPL); cost share; and other information regarding eligibility. This information will be current and available 24 hours a day, 7 days a week.

Expect to hear more on the subjects of plastic Medicaid cards and eligibility verification over the next few months.

EDI Outreach Training Dates and Locations
Check the box for the training you will attend

Date	City	Location	Time
☐ August 14th	Miles City	Miles Community College 2715 Dickinson Lab #314	1:00-5:00
☐ August 15th	Glendive	Dawson Community College 300 College Drive Lab #147	8:00-12:00
☐ August 18th	Great Falls	MSU College of Technology 2100 16th Ave So Lab # B128	8:00-12:00
☐ August 18th	Great Falls	MSU College of Technology 2100 16th Ave So Lab #B128	1:00-5:00
☐ August 19th	Dillon	University of MT- Western 710 S Atlantic Charles Swysgood Technology Center Lab #105	10:00-2:00
☐ August 20th	Billings	MSU- Billings 1500 N 30th College Education Human Services Bldg Lab #CEHS 417	8:00-12:00
☐ August 20th	Billings	MSU- Billings 1500 N 30th College Education Human Services Bldg Lab #CEHS 417	1:00-5:00
☐ August 22nd	Helena	DPHHS Computer Training Center 2905 N Montana	8:00-12:00
☐ August 22nd	Helena	DPHHS Computer Training Center 2905 N Montana	1:00-5:00
☐ August 25th	Missoula	U of M College of Technology 909 South Ave West Administration Bldg Lab #8015	8:00-12:00
☐ August 25th	Missoula	U of M College of Technology 909 South Ave West Administration Bldg Lab #8015	1:00-5:00
☐ August 26th	Kalispell	Flathead Valley Community College 777 Grandview Dr Blake Hall Student Center Lab #163	8:00-12:00
☐ August 26th	Kalispell	Flathead Valley Community College 777 Grandview Dr Blake Hall Student Center Lab #163	1:00-5:00

Reminder: Space is limited and pre-registration is required.

EDI Gateway and ACS will be offering trainings to providers in August. The trainings will focus on electronic transaction processing in the X12 HIPAA format, data delivery, EDI support, and hands-on WINASAP2003 electronic billing software. Please complete the registration form, fold it in half and return it to ACS. Each location has limited space. ***Pre-registration is required and registrations must be mailed no later than August 1, 2003.***

Provider Number_____ Provider Name_____

Provider Type_____ Provider Specialty_____
(i.e., physician, hospital, etc.)

Contact Name_____ Phone Number_____

Number Attending_____

What is your current method of submitting claims?

_____

_____

_____

Place Stamp Here

MONTANA MEDICAID
PO BOX 4936
HELENA, MT 59604

Recent Publications

The following are brief summaries of publications regarding program policy changes since January 1, 2003. For details and further instructions, download the complete notice from the Provider Information website (http://www.mtmedicaid.org). Select *Notices and Replacement Pages*, and then select your provider type for a list of current notices. If you cannot access this information, contact provider relations.

Notices

07/01/03 Personal Assistance Services Providers

New
- Procedure Code Changes for Personal Assistance Services Effective July 1, 2003

06/10/03 Specialized Non-Emergency Transportation Providers

New
- Prior Authorization Changes for Wheelchair Van providers Effective July 1, 2003

06/06/03 Hearing Aid and Audiology Providers

New
- Hearing Aid Services Documentation Changes Effective July 1, 2003

05/28/03 Mental Health Providers

New
- Changes in Reimbursement for Interactive Psychotherapy

05/22/03 Outpatient Hospital and Ambulance Providers

- Air Transport Changes Effective August 1, 2003

05/22/03 Durable Medical Equipment Providers

- Discontinued Services- Disposable Wipes

06/01/03 Physicians, Mid Levels, ASCs, IHS, IDTF, Lab & X-Ray, Podiatrist, Psychiatrist

- PA Criteria Changes
- Services no longer covered

05/12/03 RBRVS Billers

- Provider Rate and Payment Reductions
- Disposable Incontinence Products

05/05/03 School Based Services Providers

- CSCT Program Reinstated

Visit: mtmedicaid.org

05/01/03 Hospitals, Physicians, Mid Levels, Lab & X-Ray, Podiatrists, IDTFs, Psychiatrists

Updated
- The effective date of this notice has been changed to July 1, 2003.
- Updated with Lab Panel Billing Information

04/30/03 Physicians, Mid Levels, Hospitals, Ambulatory Surgical Centers

- Gastric Bypass and Circumcision

04/14/03 School Based Services Providers

- New Services

04/01/03 DRG Hospitals

- Rehabilitation Billing and Payment Changes

Manuals

04/01/03 Ambulatory Surgical Centers Manual

- This new manual contains the latest program changes.

04/02/03 Optometric and Eyeglass Services Manual

- This new manual does not include the temporary program changes effective February 1, 2003 through June 30, 2003.

Manual Replacement Pages

06/06/03 Physician Related Services Manual Replacement Pages

New
- Replacement pages for changes in Prior Authorization and Covered Services
- Clarification on Hysterectomy Requirements

01/02/03 Pharmacy Manual Replacement Pages

- Replacement pages for the Prior Authorization chapter of the Pharmacy manual

Montana Medicaid
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P.O. Box 8000
Helena, MT 59604

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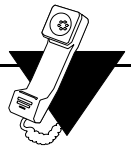

Key Contacts

Provider Information Website:
http://www.mtmedicaid.org

Provider Relations (800) 624-3958 Montana
(406) 442-1837 Helena and out-of-state
(406) 442-4402 fax

TPL (800) 624-3958 Montana
(406) 443-1365 Helena and out-of-state

Direct Deposit Arrangements (406) 444-5283

Verify Client Eligibility:
FAXBACK (800) 714-0075
Automated Voice Response (800) 714-0060

Point-of-sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 480-6823

Prior Authorization:
DMEOPS(406) 444-0190
Mountain-Pacific Quality Healthcare Foundation (800) 262-1545
First Health (800) 770-3084
Transportation (800) 292-7114
Prescriptions (800) 395-7951

Provider Relations
P.O. Box 4936
Helena, MT 59604

Claims Processing
P.O. Box 8000
Helena, MT 59604

Third Party Liability (TPL)
P.O. Box 5838
Helena, MT 59604